

**MULTIPLE DEPENDENT CLAIM** 10 / 5 8 8 2 8 1  
**FEE CALCULATION SHEET**  
 (FOR USE WITH FORM PTO-875)

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9	/		/				59						
10	/		/				60						
11	/		/				61						
12	/		/				62						
13	/		/				63						
14	/		/				64						
15	/		/				65						
16	/		/				66						
17	/		/				67						
18							68						
19							69						
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39							89						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	44	↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	19	←	24	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	23		26				TOTAL CLAIMS						